

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

132
State File No. 517
Registered No. _____

1. PLACE OF BIRTH

County Gila State Arizona
District or Township Globe or Village _____

City _____ No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Lorenzo Garango
(If child is not yet named, make supplemental report, as directed)

3. Sex of Child Boy To be answered ONLY in event of plural births. 4. Twin, triplet or other 1 5. Legitimate? Yes 6. Date of birth Sep. 6 1930
Month Day Year

8. FATHER Full name Domingo Garango 14. MOTHER Full maiden name Panfila Ramirez

9. Residence (Usual place of abode) Globe Ariz. 15. Residence (Usual place of abode) Globe Ariz.
If non-resident, give place and state.

10. Color or race Mex 11. Age at last birthday 44 (Years) 16. Color or race Mex 17. Age at last birthday 42 (Years)

12. Birthplace (city or place) Chihuahua 18. Birthplace (city or place) Cogalis
(State or country) Chi (State or country) Sonora

13. Occupation R. R. 19. Occupation Domestic
Nature of industry Nature of industry

20. Number of children of this mother 10 (a) Born alive and now living 6
(Taken as of time of birth of child herein certified and including this child). (b) Born alive but now dead 4
(c) Stillborn _____ 21. Were precautions taken against ophthalmia neonatorum. Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 02 P m. on the date above stated.
(Born alive or stillborn)

Signature Juana A Martinez (Midwife)
(Physician or midwife).

Given name added from a supplemental report _____ Address Clay Ariz. Box 509
Month, day, year _____ Filed Sept 11 1930 Registrar C. E. Jones

Registrar.

386-906-799